MAIL COMPLETED FORM TO: NYSDEC	NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION SITE IDENTIFICATION FORM				
625 BROADWAY ALBANY, NY 12233-7250	2006				
1. Reason for Submittal (See instructions on page 7) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). As a component of a First RCRA Hazardous Waste Part A Permit Application. As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #				
2. Site EPA ID Number (See page 9)	EPA ID Number [N1Y D O 1 3 7 7 1 2 1 7				
3. Site Name (See page 9)	Name: Sweet Kleen Laundry Superfund Site				
4. Site Location Information	Street Address: 760 Kensington Auc				
(See page 9)	City, Town, or Village: Buffalo	State: NY			
	County Name: Eric	Zip Code: 14215			
5. Site Land Type (See page 9)	Site Land Type: Private County District Federal Indian Municipal State				
6. North American Industry Classification System (NAICS) Code(s) for the Site	A. 92411 B. D.				
(See page 9)					
7. Site Mailing Address		1890 wood bridge Ave			
(See page 9)	City, Town, or Village: Edison				
	Country: A.L. U.S.A.	Zip Code: 08837			
8. Site Contact	First Name: Kevin MI: M.	Last Name: Matheis			
Person (See page 9)	Phone Number: 732.321.6789 Extension:	Email address: Kevin @ epa - 90			
9. Operator and Legal Owner	A. Name of Site's Operator Buffalo	Date Became Operator (mm/dd/yyyy):			
of the Site (See pages 10)	Operator Type: Private County District Federal Indian Municipal State				

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			7900				
9. Operator and Legal Owner	B. Name of Site's Legal	Owner:	>	in water.	Date Became Owner (mm/dd/yyyy):		
of the Site -con't (See pages 10)	Owner Type: Priva			Federal 🗆 India	n Municipal □ State □ Other		
	Street or P O Box: A	leagan	Savare	City Hall	City: Buffalo		
	State: NY	14941	1 //	1 1 1 1 1 1 1 1			
	Country: U.S.				Zip Code: 14202		
	Country. U.J.	.			11702		
 Type of Regulated Waste Activity Mark Yes or No for all activities; complete any additional boxes as instructed. (See instructions on pages 10 -13.) 							
A. Hazardous Waste Complete all p	Activities in 2007 arts for 1 through 6.			-1.72			
YMN□ 1. Generator o	f Hazardous Waste	2		Y 🗆 N 🍂 2. 1	Fransporter of Hazardous Waste		
If Yes, choose	only one of the following	- a, b, or c.		уши м 3. 1	Treater, Storer, or Disposer of Hazardous		
a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or			Waste (at your site) Note: A hazardous waste permit is required for this activity.				
	0 to 1,000 kg/mo (220 - 2,)	YON X 4. 1	Recycler of Hazardous Waste (at your site)		
,	of non-acute hazardous wa				Exempt Boiler and/or Industrial Furnace		
C c. CESQG:	Less than 100 kg/mo (220 of non-acute hazardous				If Yes, mark each that applies.		
In addition, in	dicate other generator ac	ctivities.		,	a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace		
Y 🗆 N 💢 d. United St	ates Importer of Hazardous	s Waste	4	.	Exemption		
Y□N X e. Mixed W	aste (hazardous and radioa	ctive) Gener	rator	YON A 6. I	Underground Injection Control		
B. Universal Waste	Activities			1	Oil Activities all boxes that apply.		
Y D N 1. Large Quantity	y Handler of Universal W	aste (accun	nulate				
5,000 kg or	more) [refer to your Stat	e regulation	is to		sed Oil Transporter		
determine what is regulated]. Indicate types of universal				Yes, mark each that applies. a. Transporter			
waste generated and/or accumulated at your site. If Yes, mark all boxes that apply:				b. Transfer Facility			
	· .	Generate ,	Accumulate		ed Oil Processor and/or Re-refiner Yes, mark each that applies.		
a. Batteries		۵	۵		a. Processor		
b. Pesticides			0		b. Re-refiner		
c. Thermostats	ī	Q	. o.	Y 🗆 N 🗹 3. O	M-Specification Used Oil Burner		
d. Lamps		0	۵		sed Oil Fuel Marketer		
					ed Oll Fuel Marketer Yes, mark each that applies.		
Y D N X 2. Destination Facility for Universal Waste				a. Marketer Who Directs Shipment of			
Note: A hazardous waste permit may be required for this			Off-Specification Used Oil to Off-Specification Used Oil Burner				
activity.					b. Marketer Who First Claims the Used		
			•		eets the Specifications		

1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e instructions on some	13)			
11. Description of Hazardous Wastes (Se			. 1		
A. Waste Codes for Federally Regular at your site. List them in the order the more spaces are needed.	ted Hazardous Wastes. tey are presented in the r	Please list the waste coregulations (e.g., D001,	des of the Federal haz D003, F007, U112). U	ardous wastes handle Ise an additional pag	ed e if v
D039	•				
					·
B. Waste Codes for State-Regulated (hazardous wastes handled at your sit	i.e., non-Federal) Haza e. List them in the order	rdous Wastes. Please I r they are presented in the	ist the waste codes of ne regulations.	the State-regulated	
12. Comments (See instructions on page	13)			•	
Super Fund C	leanup s	Site			
70/21 (01.0 0					
13. Certification. I certify under penalty with a system designed to assure that quality persons who manage the system, or those p knowledge and belief, true, accurate, and or possibility of fine and imprisonment for kn (See instructions on page 13)	fied personnel properly persons directly responsional omplete. I am aware that	gather and evaluate the i ble for gathering the info	nformation submitted ormation, the informat	Based on my inquiry ion submitted is, to the	of the person or ne best of my
SIGNATURE of owner, operator, or an authorized representative	Name and Official Title (type or print)			Date Signed (mm/dd/yyyy)	
Mu Malle	Kevin n	1. Matheis	on scene C	cordina ter	08/30/2007
			<u> 1900-1900 - Art Frank Batuarte</u>		· · · · · · · · · · · · · · · · · · ·
<u> </u>					
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SITE NAME:

Gweet Kleen Loundry super Fund site

EPAID NO: LNLY D OIL 3 7711 217



N.Y.S. DEPARTMENT OF **ENVIRONMENTAL CONSERVATION**

2006 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instruct	Instructions: Please see the detailed instructions on pages 15 to 18 of this booklet before completing this form.					
Sec. 1 A. Waste description (page 15) Perchloroethylene contaminated soil excavated From Superfund Site						
B. EPA hazardous waste code D Q 3 9 C. State hazardous waste code (page 16						
(pi	(page 16)					
D. Source code (page 16) [G]4[3]		E. Form code (Page 16)	F. Quantity generated in 2006 (Page 16) G. UOM (Page 16)		1 2.	
Management Method code for Source code G25		[W131011	De		Density O	
	[H				□ lbs/gal X sg	
Sec. 2	Was any of this waste managed on site? (page 1	7)				
	□ 1 Yes (CONTINUE TO ON-SITE X 2 No (SKIP TO SEC. 3)	PROCESS SYST	EM 1)		٠.	
ON-SIT	E PROCESS SYSTEM 1		ON-SITE PROCESS	SYSTEM 2		
On-site Management Quantity treated, disposed, or Method code recycled on site in 2006 (page 17) On-site Management Quantity treated, disposed, or Method code recycled on site in 2006 (page 17)			sed, or Method code			
LHIIII LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				<u> </u>		
Sec. 3 A Was any of this waste shipped off site in 2006 for treatment, disposal, or recycling? (page 18) 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)						
Site 1	B. EPA ID No. of facility to which waste	C. Off-site Management Method		D. Total quantity shipped in 2006		
	was shipped [N:Y:0: 6:7:9: 8:3:6:6:7:9:		code Shipped to		401.0	
Site 2	EPA ID No. of facility to which waste was shipped	C. Off-site Management Methodole Shipped to		D. Total quantity shipped in 2006		
		LH				
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to		D. Total quantity shipped in 2006		
		ſ _Ħ Ţ ŢŢŢ				
Comments:						